

ERACAP

11/17/2006

March 2006

# RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		P8DC21052340		EIN			
Handler Name		GRADUATE HOSPITAL					
Street		1 GRADUATE PLAZA					
City		PHILADELPHIA		State		PA	
Zip Code		19146					
Actual Generator Status <i>Check only if different from Notified Status.</i>				LQG <input type="checkbox"/>		SQG <input type="checkbox"/>	
				CESQG <input type="checkbox"/>		Closed <input type="checkbox"/>	
				Non-Handler <input type="checkbox"/>			
Universe Change Required? <i>(Generator Status Change Required)</i>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
*Evaluation Identifier		*Type		*Evaluation Start Date (mm/dd/yyyy)		*Agency	
001		CEI		10/12/06		S	
						LAT	
						WUM	
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>				10/12/06		Reclassified SV Date: <i>Only applicable for SNY evaluation type as appropriate.</i>	
Notes: 001 VIOL							
Evaluation Indicator Field (Check all that apply)							
<input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI)							
Regulation-Specific FCI							
BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/>							
THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (Specify):							
Routine/Standardized FCI							
CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.	
Does this Evaluation link to a Commitment?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
Does this Evaluation link to a 3007 Request?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.	
*Seq. No.		*Violation Type		*Agency		*Regulation Citation (Type + Citation) (ex. FR 262.1)	
						*Date Determined (mm/dd/yyyy)	

\*Required Fields

12



## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

1008203

Company name Tenet/ Graduate HospitalEPA I.D. Number PAD021052840 Employer I.D. Number (EIN) \_\_\_\_\_Site Address 1 Graduate Plaza, 1800 Lombard StreetCounty Philadelphia Municipality Philadelphia Zip 19146Name of Inspector Laura Johnson

Name &amp; Title of Responsible Official \_\_\_\_\_

Person Interviewed \_\_\_\_\_ Telephone ( 215 ) 893-2394Mailing Address (if different from above) same

Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds \_\_\_\_\_ Kgs

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☒ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name Safety Kleen Systems License Number TX000050930Transporter Name S and J Transportation License Number NJD053348108

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
F001	Waste Flammable Liquids	Safety Kleen Systems
F003	Waste Xylene	3700 Langrange Rd
D001	Waste Benzene	Smithfield, Ky 40068

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PAD021052840 Date 10/2/2006

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Graduate Hospital ID Number PAD021052840 Date 10/2/2006

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS</b> (Subchapter I)			
x				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
x				Containers of hazardous waste in good condition	265a.1	265.171	H026
x				Containers and stored waste compatible	265a.1	265.172	H027
x				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
x				Containers managed to prevent leaks	265a.1	265.173(b)	H029
x				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
x				Container storage areas inspected at least weekly	265a.1	265.174	H031
x				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
x				Proper containment and collection systems in place	265a.179		H033
x				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
x				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
x				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
x				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

## Inspection Report Comments

Date of Inspection 10/2/2006 Identification Number PAD021052840

Company/Facility/Site Name Graduate Hospital/ Tenet

A routine infectious waste, hazardous waste and infectious waste PBR inspection of graduate Hospital took place on October 2, 2006 by Laura Johnson and Eric Wiediger of the Department. Present for the facility was Troy Stephens, Director of Environmental Services. During the time of the inspection the following observations were made:

1. The inspection began with a tour of some of the patient rooms. The Hospital is quipped to have 160 patients but has recently been operating at a much lower census. Due to this low census the 6<sup>th</sup> floor has been closed. This area was observed and all rooms still have red cans and sharps containers. The 5<sup>th</sup> floor was next observed. The soiled utility room for this floor should have a biohazard symbol placed on the outside, the door was observed to be locked. The patient rooms all have infectious waste containers and sharps containers that all appeared to be properly maintained. The 4<sup>th</sup> floor was next observed. Again, the soiled utility room needs to have a biohazard symbol placed on the outside. An empty room was observed and the sharps container was locked and labeled.
2. Overall, it was seen that the patient rooms are managed correctly, but the soiled utility rooms need to be labeled. Not placing the biohazard symbols on the outermost doors of infectious waste storage is contrary to 25 PA Code Section 284.411(a)(6)(ii). Mr., Stephens explained he would get labels and correct this problem.
3. The soiled utility room for the OR was observed. This room was locked but not labeled. This door should also be labeled.
4. The pathology lab was next observed. Here the hazardous waste is generated, at the time of this inspection there was no hazardous waste in the storage locker. The storage area was labeled and locked. The training records, PPC and manifests were all observed, and all appear to be completed correctly.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature)  \_\_\_\_\_ Date 10/2/06

Commonwealth of Pennsylvania  
Department of Environmental Protection  
Bureau of Land Recycling & Waste Management

### Inspection Report Comments

Date of Inspection 10/2/2006 Identification Number PAD021052840

Company/Facility/Site Name Graduate Hospital/ Tenet

5. The sanipak was next observed. The daily operation log, daily spore test and the run log were all observed. These all appear to be completed and maintained correctly.
6. The infectious waste storage area was observed. At the time of this inspection there were several boxes awaiting pick-up from Stericycle. This area was locked but also needs a label on the outermost door.
7. Lastly, the manifests were observed. Several of the manifests were missing their return copies, some dating as far back as 2/2006. This is a violation of 25 PA Code Section 284.714(a)-(c). A follow-up inspection will be conducted in 2 weeks to ensure that the manifests have been returned.

*Residual wst*  
One violation as a result of this inspection.

One violation pending re-inspection.

*Residual wst.*  
This report was reviewed with the facility and will be faxed to Mr. Stephens.

*This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (signature) *Paula A. Johnson* Date 10/2/06



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID 131070

Field Code \_\_\_\_\_

## INSPECTION REPORT INFECTIOUS OR CHEMOTHERAPEUTIC WASTE GENERATOR

Site I.D.: PAD021052840  
 Site Name: Graduate Hospital/ Tenet  
 Address: 1 Graduate Plaza, 1800 Lombard Street  
 Municipality: Philadelphia  
 Responsible Official: Troy Stephens  
 Person Interviewed: same  
 Inspector: Laura Johnson  
 Inspection Date: 10/2/2006  
 eFACTS ID #: PF \_\_\_\_\_ SF \_\_\_\_\_  
 Comment: \_\_\_\_\_

Telephone #: 215-893-2213  
 Operator Name: same  
 Address: same  
 County: Philadelphia  
 Title: Director of Environmental Services  
 Title: \_\_\_\_\_  
 Title: Environmental Trainee  
 # Violation: \_\_\_\_\_

Inspection Date: 10/2/2006 Type: Routine Results: \_\_\_\_\_ Resolved: / /

Permit Expiration Date: / / Days/Week Operated: All Max. Daily Volume: \_\_\_\_\_

Infectious and chemotherapeutic waste generated: \_\_\_\_\_ kg/month

**1 - No Violation Observed    2 - Not-Applicable    3 - Not-Determined    4 - Non-Compliance**

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage in compliance with §§ 284.401-284.419.	<input type="checkbox"/>	284.401	1
<b>BASIC STORAGE</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrity of containers maintained, leakage and releases prevented.	<input type="checkbox"/>	284.411(a)(1)	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spread of infectious agents prevented; vectors controlled.	<input type="checkbox"/>	284.411(a)(2),(3)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste maintained in a nonputrescent state; odors prevented.	<input type="checkbox"/>	284.411(a)(4),(5)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unauthorized access to waste prevented; enclosures and containers secured.	<input type="checkbox"/>	284.411(a)(6)(i)	5
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enclosures or containers marked with prominent warning signs.	<input checked="" type="checkbox"/>	284.411(a)(6)(ii)	6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enclosures capable of being readily maintained in a sanitary condition.	<input type="checkbox"/>	284.411(b)	7
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste not commingled with other waste.	<input type="checkbox"/>	284.411(c)	8
<b>SORTING</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste placed in separate containers from other waste at the point of origin.	<input type="checkbox"/>	284.412(a)	9
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste stored together in the same container only with Department approval.	<input type="checkbox"/>	284.412(b)	10
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste sorted properly according to class, and each class of waste placed in a separate container	<input type="checkbox"/>	284.412(d)(1)-(3) (e)(1)-(3)	11
<b>DURATION OF STORAGE</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious waste stored for no longer than 30 days at room temperature.	<input type="checkbox"/>	284.413(a)(1),(2)	12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious waste stored for no longer than 90 days in a freezer	<input type="checkbox"/>	284.413(a)(3)	13
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putrescent infectious waste moved off-site within 24 hours	<input type="checkbox"/>	284.413(b)	14
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious waste sharps managed according to 284.411	<input type="checkbox"/>	284.413(c)	15

Site Name  
 ID Number  
 Date

 Graduate Hospital  
 PAD021052840  
 10-2-2006

# INSPECTION REPORT

## INFECTIOUS OR CHEMOTHERAPEUTIC WASTE GENERATOR (Cont'd)

1 - No Violation Observed    2-Not-Applicable    3-Not-Determined    4-Non-Compliance

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<b>STORAGE CONTAINERS</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste stored in proper containers	<input type="checkbox"/>	284.415(a)(1)-(3)	16
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used sharps stored in proper containers.	<input type="checkbox"/>	284.415(b)(1)-(3)	17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious and chemotherapeutic waste fluids stored in proper containers.	<input type="checkbox"/>	284.415(c)(1)(2)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Double bagging employed when bags are the only storage container. Bags meet strength and certification requirements.	<input type="checkbox"/>	284.415(d)(1)-(4)	19
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yellow bags used for chemotherapeutic waste; red bags used for infectious waste.	<input type="checkbox"/>	284.415(d)(5)	20
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective clothing worn by persons packaging infectious or chemotherapeutic waste for offsite shipment.	<input type="checkbox"/>	284.415(f)	21
<b>MARKING OF CONTAINERS</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outermost container of infectious or chemotherapeutic waste for offsite transport labeled immediately with proper label.	<input type="checkbox"/>	284.416(a),(b)	22
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outermost container of infectious or chemotherapeutic waste properly labeled with biohazard symbol and "infectious waste" or "chemotherapeutic waste."	<input checked="" type="checkbox"/>	284.416(c)	23
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeling information colored red for infectious waste, yellow for chemotherapeutic waste, with contrasting color backgrounds.	<input type="checkbox"/>	284.416(d)	24
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stationery containers lined with appropriately colored bag.	<input type="checkbox"/>	284.416(e)	25
<b>REUSE OF CONTAINERS</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nonrigid containers not reused.	<input type="checkbox"/>	284.417(a)	26
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrugated fiberboard containers reused only if container protected from waste.	<input type="checkbox"/>	284.417(b)	27
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid, nonfiberboard containers reused only if container protected from waste or container has been decontaminated by approved means.	<input type="checkbox"/>	284.417(c)(1)(2)	28
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid containers used to store chemotherapeutic waste reused only if container protected from waste.	<input type="checkbox"/>	284.417(d)	29
<b>MANIFESTING</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest prepared as required.	<input type="checkbox"/>	284.712(a)-(e)	30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exception reporting conducted as required.	<input type="checkbox"/>	284.714(a)-(c)	31
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest copies maintained for at least 5 years.	<input type="checkbox"/>	284.703(b)	32
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection ID 24201

Field Code \_\_\_\_\_

**INFECTIOUS / CHEMOTHERAPEUTIC WASTE INSPECTION REPORT**  
**PERMIT-BY-RULE FACILITY**

Site I.D. PAD021052840  
Site Name: Graduate Hospital/ Tenet  
Address 1 Graduate Hospital, 1800 Lombard Street  
Philadelphia, PA 19146  
Municipality Philadelphia  
Responsible Official Troy Stephens  
Person Interviewed same  
Inspector Laura Johnson  
eFACTS ID # PF \_\_\_\_\_ SF \_\_\_\_\_

Telephone # 215-893-2213  
Operator Name same  
Address same  
County Philadelphia  
Title Director of Environmental Services  
Title \_\_\_\_\_  
Title Environmental Trainee

Comment: \_\_\_\_\_

Inspection Date: 10/2/2006 Type: Routine Results: no vios Resolved: / /Permit Expiration Date: / / Days/Week Operated: \_\_\_\_\_ Max. Daily Volume: \_\_\_\_\_Type of Processing Facility: Autoclave ☒ Incinerator ☐ Other ☐

Monthly quantity of infectious/chemotherapeutic waste processed: \_\_\_\_\_ pound.

Is the infectious/chemotherapeutic waste rendered unrecognizable by thermal treatment, melting, encapsulation, shredding, grinding, tearing, breaking, etc? ☐ Yes ☒ NoViolations \_\_\_\_\_ Resolved: / /

**1 - No Violation Observed    2-Not-Applicable    3-Not-Determined    4-Non-Compliance**

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
				QUALIFYING FACILITIES			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite facility autoclaves infectious waste and renders it unrecognizable, and meets the following conditions:	<input type="checkbox"/>	284.2(a)(1)	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility processes at least 50% of infectious waste generated onsite.	<input type="checkbox"/>	284.2(a)(1)	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility ac cepts o ffsite w aste f or di sinfection only f rom small qu antity generators that generate less than 220 pounds per month of infectious waste.	<input type="checkbox"/>	284.2(a)(1)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility does not process Pathological wastes.	<input type="checkbox"/>	284.2(a)(1)(i)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility does not process Chemotherapeutic wastes.	<input type="checkbox"/>	273.512	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- process completely vaporizes infectious waste bulk fluids.	<input type="checkbox"/>	284.2(a)(1)(ii)	6
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite facility incinerates infectious or chemotherapeutic waste and meets the following conditions:	<input type="checkbox"/>	284.2(a)(2)	7
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility burns at least 50% of inf / chemo waste generated onsite	<input type="checkbox"/>	284.2(a)(2)	8
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility accepts offsite infectious or chemotherapeutic waste for incineration only from small quantity generators that generate less than 220 pounds per month of infectious / chemotherapeutic waste.	<input type="checkbox"/>	284.2(a)(2)	9
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onsite facility uses steam and superheated water to disinfect and render unrecognizable its infectious waste, and meets the following conditions:	<input type="checkbox"/>	284.2(a)(3)	10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility processes at least 50% of infectious waste generated onsite.	<input type="checkbox"/>	284.2(a)(3)	11
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility ac cepts o ffsite w aste f or di sinfection only f rom small qu antity generators that generate less than 220 pounds per month of infectious waste.	<input type="checkbox"/>	284.2(a)(3)	12
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- facility does not process Pathological wastes.	<input type="checkbox"/>	284.2(a)(3)	13

Site Name \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 Date \_\_\_\_\_

## INFECTIOUS / CHEMOTHERAPEUTIC WASTE INSPECTION REPORT PERMIT-BY-RULE FACILITY (Cont'd)

1 - No Violation Observed    2-Not-Applicable    3-Not-Determined    4-Non-Compliance

STATUS				REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4				
<b>OPERATIONAL REQUIREMENTS</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility identified in 284.2(a) maintains readily accessible written waste management plan.	<input type="checkbox"/>	284.2(c)(3)(i)	14
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility keeps daily records (weight or volumes, disposal location, problems).	<input type="checkbox"/>	284.2(c)(3)(ii)	15
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing does not adversely effect public health, safety, welfare or the environment.	<input type="checkbox"/>	284.2(c)(4)	16
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disinfection in accordance with 284.321 (monitoring requirements).	<input type="checkbox"/>	284.2(c)(5)	17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disinfection occurs before or during processing of waste .	<input type="checkbox"/>	284.2(c)(6)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility maintains operational log for each disinfection unit.	<input type="checkbox"/>	284.2(c)(7)	19
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Date, time, operator of each use of disinfection unit.	<input type="checkbox"/>	284.2(c)(7)(i)	20
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Calibration dates and results of disinfection.	<input type="checkbox"/>	284.2(c)(7)(ii)	21
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Results of disinfection monitoring.	<input type="checkbox"/>	284.2(c)(7)(iii)	22
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Ash testing results (incinerators only).	<input type="checkbox"/>	284.2(c)(7)(iv)	23
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing residue managed in accordance with the Act and regulations.	<input type="checkbox"/>	284.2(c)(8)	24
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilities identified in 284.2(a) have notified the Department.	<input type="checkbox"/>	284.2(c)(10)	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility identified in 284.2(a) and (b) have disposed of processed waste in a landfill or an incinerator that has obtained written approval from the Department.	<input type="checkbox"/>	284.2(c)(11)	26
<b>STORAGE, COLLECTION, AND TRANSPORTATION</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility complies with Chapter 284 and 285 requirements (storage, collection, and transportation).	<input type="checkbox"/>	284.2(c)(1)	27
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Proper storage of ash residue from infectious or chemotherapeutic waste incineration, including co-mingling with other municipal waste.	<input type="checkbox"/>	284.418 285.131	28
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Proper storage of residue from infectious waste processing, including co-mingling with other municipal waste.	<input type="checkbox"/>	284.419	29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Containers properly stored and marked.	<input type="checkbox"/>	284.411-417	30
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Transportation cover and waste mixing requirements.	<input type="checkbox"/>	284.511	31
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Transportation of ash residue, processing residue, and additional requirements.	<input type="checkbox"/>	285.221	32
<b>MANIFESTING</b>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For generators of 220 lb/month, or more, of infectious waste, an infectious waste manifest is used to ship processed infectious waste that is still recognizable.	<input type="checkbox"/>	284.711	33
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For generators of less than 220 lb/month of infectious waste, proper documentation used for shipping processed infectious waste that is still recognizable.	<input type="checkbox"/>	284.701(b)(5)	34



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 11/30/04Time Start 10:30 AmTime Finish 12:30 pm

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR

☒ S Q GENERATOR
Company name Tenet/Graduate Hospital I.D. Number PAD021052840Site Address 1 Graduate Plaza, 1800 Lombard StreetCounty Philadelphia Municipality Philadelphia Zip 19146Name of Inspector Aleta L. FinneyName & Title of Responsible Official Chris Mignogna, Anatomic Pathologic SupervisorPerson Interviewed same Telephone ( 215 ) 893-2394

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: ~1300 Pounds \_\_\_\_\_ Kgs \_\_\_\_\_

### 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

### 2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

### 3. Hazardous Waste Transporters:

Transporter Name Safety-Kleen Systems License Number PA-AH 0172Transporter Name Tri-State Motor Transit Co. License Number PA-AH 0697

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

### 4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001,F003,F005	Waste Flammable Liquids-Xylene and	Safety-Kleen Systems, Inc.
	Ethyl Benzene	3700 LaGrange Road
		Smithfield, KY 40068
		KYD053348108

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PAD021052840 Date 11/30/04

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Graduate Hospital ID Number PAD021052840 Date 11/30/04

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

**INSPECTION REPORT COMMENTS**

Company/Facility/Site Name: Tenet/ Graduate Hospital  
Identification Number: PAD021052840  
Date of Inspection: Tuesday, November 30, 2004

Aleta L. Finney, Solid Waste Specialists with the Department conducted a routine small quantity hazardous waste generator inspection of Tenet/Graduate Hospital. Present from the facility was Chris Mignogna, Anatomic Pathologic Supervisor.

Graduate Hospital generates waste xylene/ethyl benzene from its onsite laboratories, including pathology and histology. There is a satellite accumulation area for xylene located in the histology lab. The waste is stored at the bottom of a flammable closet (bermed) containing vermiculite should there be any spillage. The closet as well as the one 5-gallon container located within is labeled with the words "hazardous waste". The facility places an accumulation date on the container in satellite as soon as waste is first placed into it. The facility is being more stringent than the regulations require; the date does not have to be placed on the container until it is full and moved into main storage.

The main storage area was inspected next. This door was also labeled with the words "hazardous waste" as well as the flammable closet, which is used to store the waste solvents. There were no containers of hazardous waste solvent in this area at the time of the inspection as the facility had just had a pickup on November 29, 2004.

Finally, the paperwork was reviewed. The facility's manifests were examined and appeared generally to be in order. According to the last year's worth of manifests, Safety-Kleen appears to come to the facility about once per month. There was one manifest from July 2004 in which the facility did not have the return copy; Mr. Mignogna had called Safety-Kleen to get the return copy before I left the facility. It is important that the facility ensures to the best of its ability that return copies of manifests are not only received but also matched with the copy that was left with the facility. Personnel training records were also made available. The training was last done for appropriate staff between January and March 2003. The PPC plan also appears needs to be updated, particularly with a couple of phone numbers, including the PADEP/SERO (484-250-5900) and the National Response Center (800-424-8802). The hazardous waste inspection logs for the main storage area were reviewed and appears to be performed at least once per week.

**RECOMMENDATIONS:**

- 1) The facility has 35 days from the time the waste left the facility to receive the return copy of the manifest from the TSD. At that time, the TSD should be called to try a get the signed copy. After 45 days, should the facility still not have received a return copy of the manifest, an exception report should be filed with the Department's central office stating what steps have been taken to resolve this issue as well as a copy of the manifest.

No violations were cited.

The results of this inspection were reviewed with and a copy of this report was left with Ms. McGraw before leaving the facility.

---

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature) \_\_\_\_\_

Date

11/30/04

Inspector Signature) \_\_\_\_\_

Date

11/30/04

File name: Graduate Hospital (rpt)

Page

4 of 4



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 10/29/00

Time Start \_\_\_\_\_

Time Finish \_\_\_\_\_

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR

☒ S Q GENERATOR

Company name Tenet/Graduate Hospital I.D. Number PAD021052840

Site Address 1 Graduate Plaza, 1800 Lombard Street

County Philadelphia Municipality Philadelphia Zip 19140

Name of Inspector Aleta L. Finney

Name & Title of Responsible Official Connie McGraw, Assistant Supervisor, Histology

Person Interviewed same Telephone ( 215 ) 893-2394

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: 220 Pounds \_\_\_\_\_ Kgs

### 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

### 2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

### 3. Hazardous Waste Transporters:

Transporter Name Safety-Kleen Systems License Number PA-AH 0172

Transporter Name Tri-State Motor Transit Co. License Number PA-AH 0697

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

### 4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001,F003,F005	Waste Flammable Liquids-Xylene and	Safety-Kleen Systems, Inc.
	Ethyl Benzene	3700 LaGrange Road
		Smithfield, KY 40068
		KYD053348108

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PAD021052840 Date 10/29/2003

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Graduate Hospital ID Number PAD021052840 Date October 29, 2003

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS</b> (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## INSPECTION REPORT COMMENTS

Company/Facility/Site Name: Tenet/ Graduate Hospital

Identification Number: PAD021052840

Date of Inspection: Wednesday, October 29, 2003

Aleta L. Finney, Solid Waste Specialists with the Department conducted a routine small quantity hazardous waste generator inspection of Tenet/Graduate Hospital. Present from the facility was Connie McGraw, Assistant Supervisor, Histology.

Graduate Hospital generates waste xylene/ethyl benzene from its onsite laboratory, which is pathology. There is a satellite accumulation area for xylene located in the histology lab. The waste is stored at the bottom of a flammable closet (bermed) containing vermiculite should there be any spillage. The closet as well as the one 5-gallon container located within is labeled with the words "hazardous waste".

The main storage area was inspected next. This door was also labeled with the words "hazardous waste" as well as the flammable closet, which is used to store the waste solvents. There were three full 5-gallon containers of solvent in this area at the time of the inspection. The earliest accumulation date on any of these drums was 10/3/2003. The facility dates the containers twice-once for the start date when the container is in satellite accumulation and the other, once it has been moved to the main storage area.

Finally, the paperwork was reviewed. The facility's manifests were examined and appeared generally to be in order. According to the last year's worth of manifests, Safety-Kleen appears to come to the facility about once per month. There were a couple of manifests that did not have the return copies, namely those from April 8 and June 26, 2003. It is important that the facility ensures to the best of its ability that return copies of manifests are not only received but also matched with the copy that was left with the facility. Personnel training records were also made available. The training was last done for appropriate staff between January and March 2003. The PPC plan also appears to be up-to-date, including the phone numbers in the case of an emergency. The hazardous waste inspection logs for the main storage area were reviewed and the facility appears to be performing these inspections at least once per week.

### RECOMMENDATIONS:

- 1) The facility has 35 days from the time the waste left the facility to receive the return copy of the manifest from the TSD. At that time, the TSD should be notified of this fact. After 45 days, should the facility still not have received a return copy of the manifest, an exception report should be filed with the Department's central office stating what steps have been taken to resolve this issue as well as a copy of the manifest.

No violations were cited.

The results of this inspection were reviewed with and a copy of this report was left with Ms. McGraw before leaving the facility.

---

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature) Christina K McGraw Date 10/29/03

Inspector Signature Aleta L. Finney Date 10/29/03

File name: Graduate Hospital (rpt)

Page 4 of 4



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date

9/19/02

Time Start

1:15 am

Time Finish

3:00 pm

## HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name Graduate Hospital/Tenet I.D. Number PAB001052840Site Address 1 Graduate Plaza, 1800 Lombard StCounty Philadelphia Municipality Philadelphia Zip 19146Name of Inspector Meta L. FinneyName & Title of Responsible Official Cheryl Lineman/Anatomic Pathologic CoordinatorPerson Interviewed Same Telephone ( 215 ) 693 2394

Mailing Address (if different from above) \_\_\_\_\_

Amount of Hazardous Waste Generated per Month: ~220 Pounds \_\_\_\_\_ Kgs \_\_\_\_\_

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name Safety-Kleen Systems License Number PA AH 0172

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
DC01, F003	waste flammable liquids -	Safety-Kleen Systems
F005	xylene + ethyl benzene	3700 LaGrange Rd.
		Smithfield, KY 40068
		KYDC55348.108

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PA0001052840 Date 9/19/00

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Graduate Hospital ID Number PA02K52840 Date 9/19/02

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

**INSPECTION REPORT COMMENTS**

Company/Facility/Site Name: Tenet/ Graduate Hospital  
Identification Number: PAD021052840  
Date of Inspection: Thursday, September 19, 2002

Aleta L. Finney, Solid Waste Specialists with the Department conducted a routine small quantity hazardous waste generator inspection of Tenet/Graduate Hospital. Present from the facility was Cheryl Lineman, Anatomic Pathologic Coordinator.

Graduate Hospital generates waste xylene/ethyl benzene from its onsite laboratories. During last year's inspection, Ms. Lineman stated that there was a new lab (the PDL lab) that had recently been installed. She had predicted an increase of the facility's generation of waste solvent by about 10 gallons per month. The PDL lab is still onsite, however, this lab is now the property of Drexel University and is no longer under the care of Graduate Hospital. Ms. Lineman stated that they contract for their waste disposal services through Drexel at present. None of the two facility's waste is stored in the same area.

There is a satellite accumulation area of the xylene located in the histology lab. The waste is stored at the bottom of a flammable closet (bermed) containing vermiculite should there be any spillage. The closet as well as the one 5-gallon container located within is labeled with the words "hazardous waste". The facility also keeps a hazardous waste inspection log for this area.

The main storage area was inspected next. This door was also labeled with the words "hazardous waste" as well as the flammable closet, which is used to store the waste solvents. There was only one full 5-gallon drum of solvent in this area at the time of the inspection. This drum had an accumulation date of September 11, 2002 on it.

Finally, the paperwork was reviewed. The facility's manifests were examined and appeared to be in order. Ms. Lineman informed me of a manifest that she had yet to receive from the TSD dated 8/1/2002. She called them on 9/16/2002 to find out about its whereabouts. Personnel training records were also made available. Ms. Lineman is preparing to redo the training for this year as it was done at the end of September 2001. The PPC plan is updated on an annual basis but little has changed since then. The hazardous waste inspection logs for both the satellite accumulation and main storage areas were reviewed and the facility appears to be performing these inspections at least once per week.

**RECOMMENDATIONS:**

- 1) The facility has 35 days from the time the waste left the facility to receive the return copy of the manifest from the TSD. At that time, the TSD should be notified of this fact. After 45 days, should the facility still not have received a return copy of the manifest, an exception report should be filed with the Department's central office stating what steps have been taken to resolve this issue as well as a copy of the manifest.

No violations were observed.

The results of this inspection were reviewed with and a copy of this report was left with Ms. Lineman before leaving the facility.

---

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature) Cheryl Lineman Date 9/19/02

Inspector Signature Aleta L. Finney Date 9/19/02

File name: Graduate Hospital

Page 1 of 1



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA  
Inspection Date 8/3/01  
Time Start 2:30 pm  
Time Finish 4:00 pm

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

Company name Graduate Hospital / Tenet I.D. Number PAD021052840  
Site Address 1 Graduate Plaza, 1800 Lombard St.  
County Philadelphia Municipality Philadelphia Zip 19146  
Name of Inspector Aleta L. Finney  
Name & Title of Responsible Official Cheryl Lineman / Anatomie Pathologic Coordinator  
Person Interviewed Cheryl Lineman Telephone (215) 893-2394  
Mailing Address (if different from above) \_\_\_\_\_  
Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds ~300 Kgs

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name Safety-Kleen Systems, Inc License Number NJ 08690

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
FO03, FO05 D001	waste xylene + ethyl benzene	Safety-Kleen Systems, Inc
		1200 Sylvan Street
		Linden, NJ 07036
		NJD002182097

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PAD021052845 Date 8/3/01

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT**  
**GENERATORS -- SMALL QUANTITY GENERATORS**  
**FACILITY SPECIFICS**

Site Name Graduate Hospital ID Number PA0021052840 Date 8/3/01

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1 2 3 4				REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
	X			Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

**INSPECTION REPORT COMMENTS**

Company/Facility/Site Name: Tenet/Graduate Hospital

Identification Number: PAD021052840

Date of Inspection: Friday, August 03, 2001

Aleta L. Finney, Solid Waste Specialist with the Department conducted a routine small quantity hazardous waste inspection of Tenet/Graduate Hospital. Present from the facility was Cheryl Lineman, Anatomic Pathologic Coordinator.

Graduate Hospital generates waste xylene/ethyl benzene from its onsite laboratories. Ms. Lineman stated that there would probably be an increase of about 10 gallons more waste solvent due to the installation of a new laboratory (PDL). This lab is not completely up and running yet but is producing some waste solvent. There is still a satellite accumulation area in the histology laboratory located in a flammable storage closet. The closet is labeled with the words "hazardous waste" as well as the 5-gallon drum where the waste is collected. There is vermiculite located at the bottom of the closet to help absorb any spillage. The drum was closed.

The main storage area was inspected next. This door to this area is also labeled with the words "hazardous waste" as well as the flammable closet is used to store the waste solvents. There was no waste from the histology lab contained within the flammable closet, however, there was some waste from the new PDL lab that was being stored here.

Finally, the paperwork was reviewed. The manifests were examined and appeared to be in order. The facility is still using Safety-Kleen as both their transporter and disposal facility. Personnel training records were also made available during the inspection as well as the PPC plan. The facility is also keeping a hazardous waste inspection log of both the satellite accumulation area and the main storage area.

RECOMMENDATIONS:

- 1) Be sure that all waste is properly labeled before going into the main storage area, including the words "hazardous waste" and the accumulation date.

No violations were observed.

The results of this inspection were reviewed with and a copy of this report was left with Ms. Lineman before leaving the facility.

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature)

*Cheryl A. Lineman*

Date

*8/3/01*

Inspector Signature

*Aleta L. Finney*

Date

*8/3/2001*

File name: Graduate Hospital.doc

Page 4 of 4

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Company/Facility/Site Name: Tenet/Graduate Hospital  
Identification Number: PAD021052840  
Date of Inspection: Tuesday, March 28, 2000

A follow-up small quantity (SQG) hazardous waste generator inspection of Graduate Hospital was conducted by Aleta L. Finney and Cheri Niemeyer, Solid Waste Specialists with the Department. Present from the facility was Cheryl Lineman, Anatomic Pathologic Coordinator.

The inspection began with an examination of the facility's PPC plan. The plan was in draft form and had not yet been distributed throughout the hospital. The plan was complete and contained all the proper information. During the last inspection, the facility's disposal company, Malter-Hamilton, had gone out of business. The facility now uses Safety Kleen as its new facility. Due to this change in companies, the hospital changed its storage containers from metal to plastic. The satellite accumulation area was contained these plastic containers. The container that was being utilized had only a funnel on it, which did not provide a seal on the container. This is contrary to 40 CFR §265.178, 40CFR §265.173(a) and 25 PA Code §265a.1. The containers should only be open during the addition or removal of waste from the container and to prevent volatilization of the xylene from the container. This violation was corrected onsite. It was recommended to Ms. Lineman that she speak with Safety Kleen in order to possibly acquire a spring loaded funnel. The personnel training records were also reviewed and appeared to be up-to-date. However, specific protocols on the training of the personnel who handle the hazardous were not available. Ms. Lineman stated that she would have the specifics ready for review in about a month. Another follow-up will be conducted at that time. No other violations were observed.

One violation observed and corrected onsite.

The results of this inspection were discussed with Ms. Lineman before leaving the facility.

---

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature) Copy mailed to facility Date 4/5/2000

Inspector Signature Aleta L. Finney Date 4/5/2000

File name: Graduate Hospital 3-28-2000.doc

Page

1 of 1



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/12/00  
Time Start 11:45 am  
Time Finish 12:45 pm

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

Company name Graduate Hospital I.D. Number PAD021052840  
Site Address 1 Graduate Plaza, 1800 Lombard St.  
County Philadelphia Municipality Philadelphia Zip 19146  
Name of Inspector Aleta L. Finney  
Name & Title of Responsible Official Cheryl Lineman/Anatomic Pathologic Coordinator  
Person Interviewed Cheryl Lineman Telephone (215) 893-2394  
Mailing Address (if different from above) \_\_\_\_\_  
Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds ~280 Kgs

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other \_\_\_\_\_  
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_  
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types \_\_\_\_\_

## 3. Hazardous Waste Transporters:

Transporter Name Malter-Hamilton Chemical Co. License Number PA AH 5128  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
F003	waste xylene	Malter-Hamilton

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Graduate Hospital ID Number PAD021052640 Date 1/12/00

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
	X			Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
		X		PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
	X			Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Graduate Hospital ID Number PADC21052640 Date 1/12/00

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				<b>CONTAINERS (Subchapter I)</b>			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
	X			Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Graduate Hospital ID Number PA0021052846 Date 1/12/00

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

### STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				<b>LQG TANKS (Subchapter J)</b>			
	X			Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
				Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
				Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
				Tanks labeled to accurately identify contents	265a.194		H044
				Required inspections completed and documented in operating log	265a.195	265.195	H045
				Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
				Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
				Special small quantity generator requirements	265a.1	265.201	H048
				<b>SQG TANKS</b>			
	X			Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
				Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
				If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
				Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
				Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
				All waste removed at closure	265a.1	265.201(d)	H056
				Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
				Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
				Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT  
GENERATORS -- SMALL QUANTITY GENERATORS  
FACILITY SPECIFICS**

Site Name Graduate Hospital ID Number PAD021052840 Date 11/2/00

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				<b>Containment Buildings (Subchapter T)</b>			
	X			Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
	I			Meets special requirements if liquids present	265a.1	265.1101(b)	H062
	I			Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1)(i)	H063
	I			Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1)(ii)	H064
	I			Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1)(iii)	H065
	I			No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1)(iv)	H066
	I			Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
	✓			Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
				<b>Drip Pads (Subchapter S)</b>			
	X			Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
	I			Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
	I			(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
	I			(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
	I			Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
	I			Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
	I			Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
	I			Release reporting requirements met	265a.1	265.443(m)	H076
	✓			Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077



## INSPECTION REPORT COMMENTS

Company/Facility/Site Name: Tenet/Graduate Hospital

Identification Number: PAD021052840

Date of Inspection: Wednesday, January 12, 2000 and Monday, January 18, 2000

Aleta L. Finney, along with Jessica Hartley, Solid Waste Specialists with the Department conducted a routine small quantity (SQG) hazardous waste generator inspection of Tenet/Graduate Hospital. Present from the facility was Cheryl Lineman, Anatomic Pathologic Coordinator.

Graduate Hospital generates waste xylene from its onsite laboratory. Ms. Lineman estimated that the facility generates 30-40 gallons of waste xylene per month. The manifests were consistent with this estimation. The xylene is transported offsite by Malter-Hamilton Chemical Company (PAD981104433). The xylene is reclaimed by Malter-Hamilton and resold to the facility. There is a satellite accumulation area located in the laboratory in a flammable storage closet where the xylene is placed into a five-gallon drum until the drum is full. The drum was labeled as hazardous waste with the word "xylene" and waste code of "F003". The flammable storage closet contained a berm at the bottom of the cabinet along with some vermiculite to absorb any spilled liquid. The vermiculite is changed regularly. It was recommended to Ms. Lineman to place a hazardous waste sticker on the closet.

The main storage area was in a small room adjoining another larger room. The doors were locked. Once inside, the small room contained another flammable storage closet with two 5-gallon waste drums inside. Both were properly labeled. There was also one 5-gallon drum of product stored in the cabinet on a different shelf. This storage unit also contained a berm at the bottom of the cabinet along with some vermiculite to absorb any spilled liquid. It was also recommended to Ms. Lineman to place a hazardous waste sticker on both the outside main doors and on the closet.

Finally, the paperwork was examined. The manifests were looked at and there were no problems found. Ms. Lineman did inform me that they were in the process of changing their transporter/disposal facility, Malter-Hamilton, because they were going out of business. They had not yet found a new facility. There is also no written log of weekly inspections, however Ms. Lineman informed me that the area is inspected for drum leaks, spills, proper labeling etc. at least weekly. I recommended that she keep a log of her inspections. The facility also had no formal PPC plan. This is contrary to 25 PA Code §262a.10 and 40 CFR §262.34(a). To help in the writing and implementation of the plan, I gave Ms. Lineman a copy of the Department's protocol on how to properly develop a PPC plan. Graduate Hospital does train their employees in the handling of hazardous waste. Ms. Lineman informed me that the employees are shown a video and a quiz is given. However, the personnel training records were not accessible, as they were located in another part of the Hospital. They are to be examined during a follow-up inspection.

One violation observed.

---

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Protection, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (Signature) copy mailed to facility Date February 4, 2000  
Inspector Signature Aleta L. Finney Date January 31, 2000  
File name: Tenet-Graduate HospitalSQG Page 6 of 6



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD021052840

02/09/99

INSTALLATION ADDRESS

GRADUATE HOSP  
HAHNEMANN HOSP BROAD & VINE ST  
PHILADELPHIA, PA 19102  
JOANN MAGNATTO DIR

1800 LOMBARD ST/1 GRADUATE PLZ  
PHILADELPHIA, PA 19146

EPA Form 8700-12A (1/98)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

P A D 0 2 1 0 5 2 1 4 1 0 8

## II. Name of Installation (Include company and specific site name)

G R A D U A T E H O S P I T A L

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 8 0 0 L O M B A R D S T R E E T

Street (Continued)

O N E G R A D U A T E P L A Z A

City or Town

P H I L A D E L P H I A

State

Zip Code

P A 1 9 1 4 6 -

County Code

County Name

P H I L A D E L P H I A

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

M A G N A T T O

J O A N N

Job Title

Phone Number (Area Code and Number)

D I R E C T O R

2 1 5 - 7 6 2 - 8 9 1 8

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

☐

Mailing

☒

B. Street or P.O. Box

Broad &amp; Vine Sts.

H A H N E M A N N U N I V . H O S P I T A L

City or Town

State

Zip Code

P H I L A D E L P H I A

P A 1 9 1 0 2 -

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

T E N E T H E A L T H S Y S T E M G R A D U A T E L L

Street, P.O. Box, or Route Number

O N E G R A D U A T E P L A Z A

City or Town

State

Zip Code

P H I L A D E L P H I A

P A 1 9 1 4 6 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

2 1 5 - 8 9 3 - 2 0 0 0

P

P

Yes

X

No

Month

Day

Year

1 1 1 0 9 8

ID - For Official Use Only

LIVED

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- a. Transporter

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☒

3. Reactive (D003)

☐

4. Toxicity Characteristic

☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

+ D 0 0 9

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	+		
U	1	5	1
7			

2			
U	1	2	2
8			

3			
9			

4			
10			

5			
11			

6			
12			

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1			

2			

3			

4			

5			

6			

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

JOANN MAGNATTO

Name and Official Title (Type or print)

JOANN MAGNATTO  
DIRECTOR OF REGIONAL FACILITIES

Date Signed

11-19-98

## XI. Comments

changed gen status from SQ6 to CE6

BAH/cm 1/12/99 ✓ MS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

## INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD 021052840  
 Site Name Graduate Hospital  
 Address 5700 City Ave.  
Phila, Pa. 19151-1646  
 Municipality Phila.  
 Responsible Official Benny Floyd  
 Person Interviewed Bob Kennedy  
 Inspector Aris Grom

Telephone # (215) 871-6124  
 Operator Name Sams  
 Address Sams  
 County Phila.  
 Title Safety Officer  
 Title Dir. of Environmental Services  
 Time 1:00pm

Due Date 09/30/97 Inspection Date 4/14/97 Inspection Type 21 Facility Type \_\_\_\_\_ Inspector ID 2118 # Violation \_\_\_\_\_

Are hazardous wastes transported off-site by this generator? ☐ Yes ☒ No

If not, license number(s) and expiration dates of transporter(s): \_\_\_\_\_

1-No Violation Observed    2-Not-Applicable    3-Not-Determined    4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE NUMBERS
1	2	3	4			
		X		Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly _____	261.5(a)	H491
		X		Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
X				Hazardous waste determination (262.11)	261.5(g)(1)	H493
		X		Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
		X		Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
X				Manifest system used for off-site transport	262.20(a)	H496

261.5 Indicate below the method of handling of the waste:

- \_\_\_\_\_ a. Treatment or disposal at permitted on-site facility.  
 Permit Number \_\_\_\_\_ Treatment \_\_\_\_\_ Disposal \_\_\_\_\_
- \_\_\_\_\_ b. Delivered to a PA haz. waste facility. Name of facility: \_\_\_\_\_
- \_\_\_\_\_ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: \_\_\_\_\_
- \_\_\_\_\_ d. Delivered to an approved out-of-state facility. Name of facility: \_\_\_\_\_
- \_\_\_\_\_ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## INSPECTION REPORT COMMENTS

Date of inspection: 4/14/97Identification Number: PAD021052840Company/Facility/Site Name: Graduate Hospital

A routine hazardous waste inspection was conducted at Graduate Hospital. The inspection was conducted by Aris Grom of the PA DEP. The facility guide for the inspection was Bob Kennedy Director of Environmental Services for the hospital. The hospital's Safety Officer Barry Floyd, is the responsible official for the hazardous waste program at the hospital.

Graduate hospital is a Small Quantity Generator of hazardous waste. The hazardous waste is generated from the hospital's lab area. Xylene is the main constituent of the hospital's hazardous waste stream. The hazardous waste is collected in satellite storage containers in the labs. The waste is consolidated then shipped off-site by Miltzer Hamilton the hospital's hazardous waste transporter.

A review of the hospital's manifest demonstrated that the hospital was keeping the proper documentation required by the state for the disposal of hazardous materials.

**NOTE:** The hospital should have a manifest from the state to which the hazardous material is being sent unless that state does not have a manifesting system. In this situation the state requires that the hazardous waste should be tracked with a PA manifest. I had mentioned something contrary to this during the inspection of the manifest.

Graduate Hospital's hazardous waste program seems to operate in a clean and appropriate manner.

No violations were observed at this time. AFG

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Sent to FamilyDate 4-23-97Inspector (signature) AFGDate 4-23-97

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



ID — For Official Use Only														
C													T/A	C
W														1

### X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 2 3	32 U 1 1 2	33 U 1 2 2	34 U 1 9 6	35 P 0 3 0	36 U 0 1 2
37 U 0 0 7	38 P 0 2 8	39 P 0 7 6	40 P 1 0 5	41 U 1 2 3	42 U 1 5 4
43 U 2 4 6	44 U 0 5 6	45 U 2 4 2	46 U 2 3 9	47 U 0 0 2	48 U 2 0 1

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

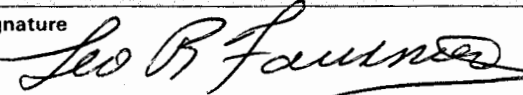
49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☐ 1. Ignitable (D001)
 ☒ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☒ 4. Toxic (D000)

### XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature 	Name and Official Title (type or print) Leo R. Fournier Director of Engineering	Date Signed 6-29-87
---	---	------------------------





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PADO21052840

INSTALLATION ADDRESS

FOURNIER, LEO R ENG

GRADUATE HOSPITAL  
1 GRADUATE PLAZA  
PHILADELPHIA PA 19146

1 GRADUATE PLAZA  
PHILADELPHIA PA 19146